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CONFIRMATION NO. 1022

|   |   |                                   |   |   |
|---|---|-----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/995,971  | <b>FILING OR 371(c) DATE</b><br>11/28/2001<br><b>RULE</b>   | <b>CLASS</b><br>379               | <b>GROUP ART UNIT</b><br>2614   | <b>ATTORNEY DOCKET NO.</b><br>86503-134 |
| <b>APPLICANTS</b><br>L. Lloyd Williams, Kanata, CANADA;   |   |                                   |   |   |
| <b>** CONTINUING DATA *****</b><br>OA<br>NONE OA  |   |                                   |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>NONE OA   |   |                                   |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 12/14/2001   |   |                                   |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met <input type="checkbox"/> Allowance <input checked="" type="checkbox"/> Anwarh OA<br>Verified and Acknowledged <input type="checkbox"/> Examiner's Signature <input type="checkbox"/> Initials |   | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>40               |
|   |   |                                   | <b>INDEPENDENT CLAIMS</b><br>5  |   |
| <b>ADDRESS</b><br>AIR MAIL<br>28291   |   |                                   |   |   |
| <b>TITLE</b><br>METHOD FOR PROVIDING ACCESS TO A VOICE MAIL SYSTEM  |   |                                   |   |   |
| <b>FILING FEE RECEIVED</b><br>1268  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |